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Substitute PTO/SB/21 (6-98)
Approved for use through 09/30/2000.
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/076,383	
	Filing Date	February 19, 2002
	First Named Inventor	Jim C. Spain
	Group Art Unit	1651
	Examiner Name	Irene Marx
Total Number of Pages in this Submission	Attorney Docket Number	AFD471

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input checked="" type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Declaration by Docket Clerk
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	US Postal Service delivery schedule
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts / Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Remarks	

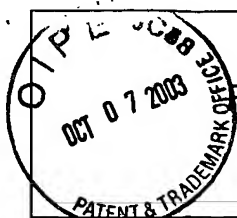
SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm or Individual Name	Charles E. Bricker, Reg.No. 26,715
Signature	<i>Charles E. Bricker</i>
Date	10-01-2003

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Petition, Commissioner for Patents, P.O. Box 1450, Alexandria VA 22313-1450			
		on this date: 10-01-2003	
Typed or printed name	Charles E. Bricker		
Signature	<i>Charles E. Bricker</i>	Date	10-01-2003

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



FEE TRANSMITTAL

Complete if Known

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TOTAL AMOUNT OF PAYMENT (\$)**130**

METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number

AF 01-0465

Deposit Account Name

Department of the Air Force

- ☐ Charge Any Additional Fee Required under 37 CFR 1.16 and 1.17 ☐ Charge the Issue Fee set in 37 CFR 1.18 at the Mailing of the Notice of Allowance, 37 CFR 1.311(b)

2. ☐ Payment Enclosed:

☐ Check ☐ Money Order ☐ Other

FEE CALCULATION (fees effective 10/01/2000)

1. FILING FEE

Lge Entity Fee Code	Lge Entity Fee (\$)	Sm. Entity Fee Code	Sm. Entity Fee (\$)	Fee Description	Fee Paid
1001	750	2001	375	Utility Filing Fee	
1002	330	2002	165	Design Filing Fee	
1003	520	2003	260	Plant Filing Fee	
1004	750	2004	375	Reissue Filing Fee	
1005	160	2005	80	Provisional Filing Fee	

SUBTOTAL (1) (\$)

2. CLAIMS

	Extra	Fee from below	Fee Paid
Total Claims	11 - 20 = 0 X 18 = 0		
Independent claims	2 - 3 = 2 X 84 =		
Multiple dependent claims			0

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee code	Fee (\$)	
1202	18	2202	9	Claims in excess of 20
1201	84	2201	40	Independent claims in excess of 3
1203	270	2203	135	Multiple dependent claim
1204	84	2204	40	Reissue independent claims over original patent
1205	18	2205	9	Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Code	Large Entity Fee (\$)	Small Entity Code	Small Entity Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner Action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for response within first month	
1252	400	2252	200	Extension for response within second month	
1253	920	2253	460	Extension for response within third month	
1254	1440	2254	695	Extension for response within fourth month	
1401	320	2401	155	Notice of Appeal	
1402	320	2402	165	Filing a brief in support of an appeal	
1403	280	2403	135	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive unavoidably abandoned application	
1453	1,280	2453	640	Petition to revive unintentionally abandoned application	
1501	1,280	2501	640	Utility issue fee (or reissue)	
1502	460	2502	230	Design issue fee	
1503	620	2503	310	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	130
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Statement	
8021	40	8021	40	Recording each patent assignment per property	
1809	740	2809	370	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	740	2810	370	For each additional invention to be examined (37 CFR 1.129(b))	
1801	760	2801	380	Request for Continued Examination (RCE)	

Other fee (specify)

SUBTOTAL (3) (\$)**130**

*Reduced by Basic Filing Fee Paid

SUBMITTED BY

Typed or Printed Name

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Signature

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Date

10-1-03